

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90750 045 ****50.00

DOCUMENT # L98000003466

1. Entity Name
HOERBER ENTERPRISES, L.L.C.



Principal Place of Business

**115 LANDWARD DRIVE
JUPITER FL 33477**

Mailing Address

**830 PARRISH FARM RD
WAYNESVILLE NC 28786**

2. Principal Place of Business

5469 TORONTO ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

Zip

33415

Country

PALM BEACH

Country

4. FEI Number

65-0889956

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOERBER, DENNIS K
115 LANDWARD DRIVE
JUPITER FL 33477**

Name

KATHLEEN F. HOERBER

Street Address (P.O. Box Number is Not Acceptable)

5469 TORONTO ROAD

City

WEST PALM BEACH

FL

Zip Code

33415

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

JAN 31, 2003

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HOERBER, DENNIS K
830 PARRISH FARM RD
WAYNESVILLE NC 28786** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR MEMBER
KATHLEEN F. HOERBER
830 PARRISH FARM ROAD
WAYNESVILLE, NC 28786** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEMBER
DENNIS K. HOERBER
830 PARRISH FARM ROAD
WAYNESVILLE, NC 28786** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

KATHLEEN F. HOERBER

KATHLEEN F. HOERBER

1/31/03

828/

452-0978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)